



# Wilmington Police Department

## Employment Application Checklist

**Complete the enclosed application materials and include the additional requested information. Return completed application to the City of Wilmington Human Resource Office.**

- City of Wilmington Employment Application (**completed and signed**)
- Wilmington Police Department Recruiting Survey
- North Carolina Personal History Statement (**completed, signed and notarized form F-3**)
- Wilmington Police Department Personal History Waiver (**completed and notarized**)
- Wilmington Police Department Credit Inquiry Waiver (**completed and notarized**)
- Copy of Birth Certificate
- Copy of NC BLET Certificate (if applicable)
- \*Copy of Diploma(s) or transcripts
  - High School
  - GED (**A copy of your final grade must also be attached**)
  - All Colleges/Universities
- Copy of Driver's License
- \*Out of State Driving History (**Include a certified copy of your driving history if you possess or have possessed a driver's license from any state other than North Carolina**)
- Copy of Military Discharge Papers (**DD-214**) (if applicable)
- Copy of Social Security Card

\* Applications may be submitted without transcripts and driving records included. Please forward the items to the following address when received.

Wilmington Police Department  
Recruitment Section  
P.O. Box 1810  
Wilmington, NC 28402



# Wilmington Police Department

## Police Officer Employment Application Process

Step 1: Completion of Wilmington Police Department Application Packet

Step 2: Written Test and Job Related Physical Abilities Test

Step 3: Behavioral Personnel Assessment Device (B-PAD)

Step 4: Through Background Investigation completed by WPD

Step 5: Interview Board

Steps 6-8 are completed after a conditional job offer has been given

(Psychological Evaluation, Medical/Drug Screening, Polygraph)

After an application packet is submitted to the City of Wilmington Human Resources Department it will be forwarded to the Wilmington Police Department Professional Development Unit. Applicants will be contacted to attend the Written and Physical Testing once the application has been reviewed.

The **Written Testing** will consist of four sections: Mathematics, Reading Comprehension, Grammar, and Incident Report Writing. Applicants must pass each section in order to continue in the hiring process.

The **Physical Abilities Test** is outlined below and must be completed in **7 minutes 20 seconds or less** to continue in the hiring process. Applicants will be given three attempts pass the test.

- Run 200 yards
- Step up on a step box 20 times
- 15 Push Ups
- 15 Sit Ups
- Step up on a step box 20 times
- 15 Push Ups
- 15 Sit Ups
- Run 200 yards



The **Behavioral Personnel Assessment Device (B-PAD)** - Candidates watch a series of professionally acted and produced video simulations, then respond verbally as if they were at the scene. Responses are videotaped and scored using validated criteria.

## POLICE CADETS

Police Cadet Applicants complete steps 1, 4, & 5 from above, in addition to a medical evaluation and drug screen.

# City of Wilmington

## Employment Information

The City of Wilmington welcomes and appreciates your interest in employment with the City. Outlined below is information describing the City's employment process that will assist you in your application process.

---

### Equal Employment Opportunity

As we strive to maintain a diverse workforce, the City of Wilmington encourages all qualified persons to apply without regard to race, ethnicity, gender, age, religious affiliation or disability.

### Job Opening Information

A current listing of job openings is available on our Web Site [www.wilmingtonnc.gov](http://www.wilmingtonnc.gov). Positions also are posted at the Human Resources office and with the Employment Security Commission.

The City of Wilmington only accepts applications for specific open positions.

### Employment Application

Our employment application is designed to gather information to evaluate your qualifications for the position for which you are applying. If you wish to apply for more than one position, a separate application must be submitted for each position. **Please ensure all pertinent information is documented on the application. Please don't indicate "See Resume/Attachment".** The application is your introduction to the department so every effort should be made to make your application legible and complete.

The employment application and all related information requested should be received in Human Resources by 5:00 p.m. of the application deadline. Applications received after the application deadline will not be considered for the position. All information on the application is subject to verification.

### Application Consideration

The application review process begins after the closing date for applications. Human Resources receives and carefully reviews all applications and refers to the hiring department candidates whose qualifications

best match the position's posted requirements based on the information presented on the application. The hiring department reviews the referred applications and determines applicants to interview. Simply fulfilling the minimum qualifications for a position does not assure an interview. Candidates being offered an interview may not be contacted immediately following the closing date. Your patience in the process is appreciated.

### Conditional Job Offer

All new employees will be offered the position contingent on passing a pre-employment physical and drug screen. This free screening is provided by the City of Wilmington. Failure to pass the tests will disqualify you from further consideration for this position.

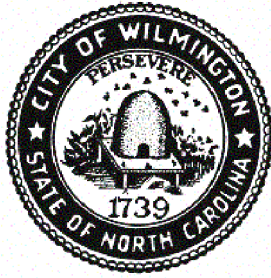
Additionally, some positions may require a driving record and criminal history record check prior to employment. Failure to meet the City's designated standard will result in rescinding the job offer or dismissal.

### Pay and Benefits

The City of Wilmington offers a competitive salary package. Comprehensive benefits include health, life and disability insurance, as well as paid holidays, vacation and sick leave and a retirement package.

### Verification of Employment Eligibility

Under the Immigration, Reform and Control Act of 1986, all new hires will be required to provide appropriate documentation to establish identity and right to work in the United States.



# City of Wilmington, North Carolina

## Employment Application

HUMAN RESOURCES  
P.O. BOX 1810 • WILMINGTON, NORTH CAROLINA • 28402

We welcome you as a prospective employee of the City of Wilmington. Completing the Employment Application is the first step in the selection process. You will not be considered unless you meet the minimum qualifications as posted in the advertisement. In order to be fairly considered, **answer all questions completely and accurately**, relating your education, training, and experience to the position for which you are applying. No information in this application is intended to be used for discriminatory purposes. **A resume may be attached, but not substituted for requested information.** The Human Resources Department will keep you informed of the selection process. If hired you must provide appropriate documents to verify your eligibility for employment under the Immigration, Reform and Control Act of 1986.

### IDENTIFYING DATA

Title of Position Sought: \_\_\_\_\_ Job No. \_\_\_\_\_ Date: \_\_\_\_\_

--	--	--

First Name

MI

Last Name

	-		-	
--	---	--	---	--

Social Security Number

--

Address-Number

--

Street Name / Apt. #

--

City

Area Code

--

State

--

Zip Code

--

	-		-	
--	---	--	---	--

Home Phone

	-		-	
--	---	--	---	--

Business or Message Phone

Driver's License: Is driver's license presently restricted, suspended, or revoked? Yes ☐ No ☐

MO DAY YR

--

Driver's License Number, If no License, enter None

--

State

--

Class  
(A, B or C)

--

Expiration Date

--

--

Do you currently hold an NC class A, B, or C Drivers License? Yes ☐ No ☐

Date Available for Work: \_\_\_\_\_

Type of Position Desired: ☐ Full Time ☐ Part Time ☐ Temporary

Available For: ☐ Shift Work ☐ Weekend Work

For some positions, there are minimum age requirements. Please check the appropriate box:

☐ under 16 years of age ☐ 16-18 ☐ 18-21 ☐ over 21

AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION**Choose the highest grade you completed in school  
1 2 3 4 5 6 7 8 9 10 11 12Did you graduate from high school? ☐ Yes ☐ NoDid you obtain a GED certificate? ☐ Yes ☐ No

Name and location of high school attended

Name(s) and location(s) of Colleges or Universities attended	Major/Minor Studies	Dates Attended From To Mo/Yr Mo/Yr	Degrees	Graduation Date

Professional Certificate of license related to the job for which you are applying.

Title

Expiration Date

**SPECIAL TRAINING**

This space is for training or education that demonstrates specific qualifications for the particular job for which you are applying. The training or education may be full-time or part-time, apprenticeships, academic courses, seminars, or other types of training. Training schools, military schools, business colleges, or special courses pertinent to the position applied for should be included. Attach additional pages, if necessary. Attach transcripts, diploma or certificate, if required by vacancy.

Course	Institution	Dates From To Mo/Yr Mo/Yr	Total Class Hours	License or Certificate Issued

**EQUIPMENT SKILLS**

List any special size and type of equipment you operate, including office, computers, vehicles, construction, etc.:

PERSONAL REFERENCES (Do not list Relatives or Employers)			
Name	Address	Occupation	Telephone

## EXPERIENCE

List your most recent experience first. Experience may be paid or unpaid, full-time, part-time, or military. Describe all of your work experience thoroughly, indicating how it relates to the position for which you are applying. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application. **A RESUME MAY BE ATTACHED TO SUPPLEMENT INFORMATION, BUT MAY NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION.**

Dates and Salary	Employer	Job Title, Description of Duties, Hours Worked, Reason for Leaving
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		

**Experience Continued:**

Dates and Salary	Employer	Job Title, Description of Duties, Hours Worked, Reason for Leaving
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per Ending Salary: _____ per	Telephone:	_____
	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per Ending Salary: _____ per	Telephone:	_____
	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per Ending Salary: _____ per	Telephone:	_____
	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per Ending Salary: _____ per	Telephone:	_____
	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		

May we contact your current employer?  
If No, please explain:

Yes ☐

No ☐

**PERSONAL INFORMATION****YES NO**

1. Can you provide proof of your identity and eligibility for employment in the United States? ☐ ☐
2. Are you currently employed by the City of Wilmington? (If yes, list department below.) ☐ ☐
3. Have you ever been employed by the City of Wilmington? (If yes, please explain below.) ☐ ☐

Previous Title: \_\_\_\_\_ Dept. \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

4. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial) or had any moving traffic violations within the past two years? Conviction does not necessarily disqualify candidates from employment consideration. If yes, list date, place, offense, and fine (or sentence) for each instance in space below. ☐ ☐
5. Do you have members of your household or relatives currently employed by the City of Wilmington? (If yes, provide the following information.) ☐ ☐

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

6. Are you capable of performing the activities involved in the job or occupation for which you have applied with or without reasonable accommodation? ☐ ☐

Explanatory remarks: (Please indicate item numbers to which answers apply.)

---

---

---

---

**CONDITIONS OF EMPLOYMENT**

Thank you for completing this application. You are urged to carefully read the following certification.

All the information provided by me on this application or otherwise is accurate and complete and I hereby give the City of Wilmington permission to investigate any and all information contained herein or otherwise provided during the selection process. In addition, if appropriate for the position, I (A) authorize the City of Wilmington Human Resource Department to conduct/request a background, criminal, history and/or driving record check; (B) agree to undergo drug screening; (C) agree to undergo a polygraph examination; and (D) agree to undergo a physical and/or psychological examination.

I fully understand that this application will be used only in conjunction with the position for which I am applying and that its completion neither assures me a position with the City nor obligates the City to me in any way.

I further understand that the failure to complete this application may render it void and that any misleading, incorrect statements, or omissions of material facts made during the selection process will subject me to disqualification, or if employed, result in my suspension or immediate discharge from employment with the City of Wilmington. If employed, I will provide documentation establishing my identity and right to work in the United States; I agree to conform to the rules and regulations of the City of Wilmington or departments thereof; and I fully understand that employment can be terminated for any reason deemed sufficient by the City.

I certify that I have read the foregoing statements and agree to the conditions stated therein.

☐ Yes, I agree to the conditions above. Date: Month:  Day:  Year

☐ No, I do not wish to have my application submitted. You will not be able to submit your application if you do not answer "yes" to these terms and condition



# City of Wilmington

## Recruiting Survey

To insure that we are contacting as many qualified applicants as possible we continually update our recruiting methods. To help us in this attempt please take a few moments to complete the following survey and return it with your completed application.

How did you receive your information concerning employment opportunities with the City of Wilmington?

☐ Employment Security Commission Posting

☐ Friend/Relative

☐ Job Fair

Location: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Internet

☐ Newspaper Advertisement

City/Name: \_\_\_\_\_

☐ Professional Association

Name: \_\_\_\_\_

☐ Radio Advertisement

City/Station: \_\_\_\_\_

☐ Television Advertisement

City/Channel: \_\_\_\_\_

☐ City of Wilmington Human Resources Office Posting

☐ City of Wilmington Government Access Channel

☐ Other \_\_\_\_\_  
\_\_\_\_\_

Date Survey Completed: \_\_\_\_\_

# City of Wilmington

## Voluntary Information

**The City of Wilmington does not discriminate based on race, ethnicity, gender, age, religious affiliation, or disability.**

This information is to be completed by applicant on a voluntary basis. The information will be used and kept confidential in accordance with applicable laws and regulations. The City of Wilmington will utilize the information to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply for federal reporting purposes. This information is not shared with the hiring department.

We invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to complete this form will not subject you to any adverse personnel decision or action. Filling out this survey will help us better serve you. Your cooperation is appreciated.

---

### Please Print

#### Applicant Information

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zipcode

Male Female Date of Birth \_\_\_\_\_

#### Please check one of the following Equal Opportunity Identification Groups:

Caucasian (not of Hispanic Origin) (B)	African American/Black (C) (Not of Hispanic Origin)
American Indian/Alaskan Native (F)	Asian/Pacific Islander (E)
Hispanic (D)	



## **CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**NORTH CAROLINA DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE STANDARDS DIVISION  
TELEPHONE: (919) 716-6470**

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

### **PERSONAL HISTORY STATEMENT**

**NOTE:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA  
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**FORM F-3**  
(Revised 4/98)

**PERSONAL HISTORY STATEMENT**

INSTRUCTIONS: Using a computer, typewriter, or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration. **THIS FORM MUST BE NOTARIZED UPON COMPLETION.**

Position(s) applied for \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**PERSONAL**

1. Name \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
First Middle Last Social Security Number

Nicknames or Aliases \_\_\_\_\_

3. Present Mailing Address \_\_\_\_\_  
Street & Number City County State Zip Code

Permanent Mailing Address \_\_\_\_\_  
Street & Number City County State Zip Code

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ 5. Place of Birth \_\_\_\_\_

6. Citizenship: A. U.S. Born B. U.S. Naturalized C. Other-Specify \_\_\_\_\_

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical purposes only.

7. Ethnic Background

A. American Indian

B. Asian American

C. African American

D. Spanish American

E. White

F. Other

8. Sex: A. Male B. Female

9. Have you previously submitted an application for employment with this agency?

A. Yes

B. No

Approximate date: \_\_\_\_\_

## EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Years Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. Extension, or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

A. Yes

B. No

If yes, when and where did you complete the GED?

---



---

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

## MARITAL

12. Marital Status (Check one)

A. Single

C. Married

E. Divorced

B. Engaged

D. Separated

F. Widowed

13. Name of Spouse \_\_\_\_\_

14. List all of your children, including any adopted or stepchildren:

A. NAME	B. BIRTH DATE	C. RELATIONSHIP	D. WITH WHOM RESIDES	E. PHONE NUMBER
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

## FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency?

A. Yes      B. No      If yes, give name(s) and details:

---

---

16. Is any member(s) of your immediate family now in prison or on either probation or parole?

A. Yes      B. No      If yes, give name(s) and details:

---

---

## RESIDENCES

17. List addresses for past 10 years starting with present address at top:

FROM MO.	YR.	TO MO.	YR.	ADDRESS OF RESIDENCE (Include COUNTY OF RESIDENCE)	CITY & STATE (Include Zip Code)	LANDLORD

## FINANCIAL

18. What income other than salary do you have at present?

---

---

19. Are you now supporting all children born to you, adopted by you and stepchildren?

A. Yes      B. No      If not, give details: \_\_\_\_\_

---

---

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?      A. Yes      B. No      If yes, give name and details: \_\_\_\_\_

---

---

---

21. Have you ever been sued with a civil judgment being rendered against you?    A. Yes    B. No  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

22. What is the total amount of all your debts at present? \$ \_\_\_\_\_

23. What is the average monthly total of all your bills, payments, and current living expenses? \_\_\_\_\_  
\_\_\_\_\_

24. List credit references, including businesses to which you make monthly payments:

A. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

-----  
B. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

-----  
C. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

-----  
D. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

-----  
E. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

-----

## WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency?

Yes

No

If yes, list agency name and give details:

---

---

---

---

---

---

---

---

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:\_\_\_\_\_

---

---

27. Do you object to wearing a uniform?

A. Yes

B. No

28. Do you object to working nights?

A. Yes

B. No

29. Do you object to working rotating shifts?

A. Yes

B. No

30. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

A. Yes

B. No



31. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

B. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

C. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

D. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

E. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization?      Yes      No

### QUESTIONS 33 THRU 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? \_\_\_\_\_

34. What was the highest rank that you held? \_\_\_\_\_

35. What was the date and location of your first entrance into active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

36. What were your unit assignments in the service?

Branch	Unit (Company or Ship)	Location	From Mo/Yr	To Mo/Yr

37. What was the date and location of your last discharge from active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

38. Was your last discharge honorable?      Yes      No

If No, was it characterized as bad conduct      or dishonorable      ?

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.), **or any other disciplinary action** while a member of the armed forces?      Yes      No

If yes, explain below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_

\_\_\_\_\_

41. List all medals and decorations awarded you during your military service:

\_\_\_\_\_

\_\_\_\_\_

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: \_\_\_\_\_

\_\_\_\_\_

## USE OF ALCOHOL OR DRUGS

NOTE: In questions 43, 44, 45, and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.) \_\_\_\_\_

43. Do you drink alcoholic beverages?      Yes      No      If yes, to what degree? \_\_\_\_\_

44. Have you ever used marijuana?      Yes      No      If yes, what were the circumstances? \_\_\_\_\_

When was the last time? \_\_\_\_\_

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?      Yes      No      If yes, what were the circumstances? \_\_\_\_\_

When was the last time? \_\_\_\_\_

46. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?      Yes      No      If yes, please explain the circumstances: \_\_\_\_\_

## CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding at least 15 mph over limit to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “Yes.” You should answer “No,” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?      Yes      No      If “Yes,” please give details:

- A. Offense Charged \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_
- B. Offense Charged \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_
- C. Offense Charged \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

(Attach extra sheets if necessary)

If yes, give details: \_\_\_\_\_

If yes, give details: \_\_\_\_\_

If yes, give details: \_\_\_\_\_

A. Yes      B. No

Driver's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

If yes, give state and number \_\_\_\_\_

If yes, state which and give reasons: \_\_\_\_\_

When? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

## CAREER OBJECTIVES

57. Briefly explain your reasons for applying for this position:

---

---

58. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

---

---

59. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

---

---

## REFERENCES

60. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

**I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.**

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Subscribed and sworn to before me,

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature in Full)

\_\_\_\_\_  
Notary Public (Official Seal)

My Commission Expires

\_\_\_\_\_, 20\_\_\_\_

# Wilmington Police Department

## Personal Inquiry Waiver

### Authority for Release of Information

I hereby authorize full disclosure to the Wilmington Police Department of all information concerning me, requested for the purpose of determining my qualification and fitness for employment by the Wilmington Police Department. This may include, but is not limited to, my work record, military service record, school record, financial and credit status, general reputation, medical reports (including drug screening), and psychological reports of any type regardless of their otherwise confidential nature.

---

---

I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the Wilmington Police Department will not reveal to me the nature or contents of any confidential reports received.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Printed Name

---

---

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, and did execute the foregoing instrument in my presence on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

# Wilmington Police Department

## Credit Inquiry Waiver

### Authority for Release Financial Information And Agreement Not To Sue (TransUnion or Other Credit Reporting Agency)

I have applied with the Wilmington North Carolina Police Department. I hereby consent to the City of Wilmington, North Carolina and the Wilmington Police Department, for the purpose of determining my suitability for employment or continued employment, conducting an investigation into my financial and credit history including a credit report from TransUnion or other credit-reporting agency. I hereby authorize and direct any person, firm, corporation, educational institution, government agency, or other entity holding any financial or credit information or record about me to release such information.

---

---

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release, exonerate, discharge, and agree forever to refrain from bringing suit or proceedings at law or equity for any claim or suit for damages against all persons, firms, corporations, educational institutions, government agency, or other entities, their employees and agents, whether or not named herein, for release whether directly or indirectly, of any financial or credit information or record, whether substantiated, accurate or not, and the City of Wilmington, North Carolina and the Wilmington Police Department, all employees and agents thereof, for obtaining, using, and releasing any such financial record or information, whether substantiated, or accurate, or not.

---

Date

---

Applicant's Signature

---

Applicant's Social Security Number

---

Applicant's Printed Name

---

---

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, and did execute the foregoing instrument in my presence on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

---

My Commission Expires

---

Notary Public